Date: [Date]

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Dear [Patient Name],

This letter is to formally discharge you from our care regarding your recent evaluation for Obstructive Sleep Apnea (OSA).

Evaluation Summary:
Based on your sleep study results dated [Date], you have been diagnosed with [Mild/Moderate/Severe] Obstructive Sleep Apnea. Your Apnea-Hypopnea Index (AHI) was recorded at [Number] events per hour.

Treatment Recommendations:
Based on these findings, the following plan has been established:

- [ ] CPAP/BiPAP Therapy: Pressure setting at [Number] cm H2O.
- [ ] Mandibular Advancement Device (Oral Appliance).
- [ ] Lifestyle Modifications: [Weight loss, avoidance of alcohol, side-sleeping].
- [ ] Surgical consultation.

Follow-Up Care:
Your care for this condition will now be managed by [Primary Care Physician Name / Specialist Name]. We recommend a follow-up appointment in [Number] months to monitor your progress and equipment compliance.

Equipment Supplies:
Your equipment has been ordered through [DME Provider Name]. They will contact you regarding delivery and mask fitting. Please contact them directly at [Phone Number] for replacement filters, cushions, or tubing.

If you experience increased daytime sleepiness, morning headaches, or difficulty using your device, please contact your healthcare provider immediately.

Sincerely,

[Physician Signature]
[Physician Name, Title]
[Clinic/Hospital Name]
[Contact Phone Number]